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ABSTRACT

J. M. Barrie's popular story of Peter Pan depicts the never-neverland of an endless happy childhood. Analysis of the story and of J. M. Barrie's personal background, however, reveals that the tale is a conflicted solution to and separation from early childhood losses and disappointments. Themes of separation and reunion, redesertion and revenge are repeated throughout Barrie's stories. For many people, the fantasy of a happy childhood may come to the fore during adolescence as the individual looks back with hopes for the unrealized and now unrealizable gratifications of childhood. Frequently, adolescent and adult patients seen by psychotherapists hold deeply felt fantasies about a happy childhood which cover over and compensate for real or felt losses and ungratified infantile desires. Such individuals are often markedly childlike in acting out these largely unconscious fantasies, yet significantly unaware of marked depressions. For many individuals seen in clinical practice, the necessary process of mourning has been incomplete, arrested, or has never taken place. Mourning for the loss of such fantasies can become a major task for psychoanalytic work. (Two cases are included that illustrate how the fantasy of a happy childhood can be a prominent feature forming an integral part of the patient's symptomatology.) (NRB)

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MOURNING A LOST CHILDHOOD: A THERAPEUTIC TASK

BY: Nancy Mann Kulish

Never-neverland, the island home of Peter Pan, exerts a powerful lure for all children and adults who have heard the story. With its beautiful blue lagoons, mermaids basking on the rocks, thrilling adventures with pirates and Indians, and its sparkling fairies, it promises an endless, happy childhood. It is this promise that makes Peter Pan, "the boy who would not grow up," such an alluring figure. Many people look back wistfully to childhood with nostalgia as a happy time of family picnics in the park and endless summer days filled with Tom Sawyer-like adventures. It is my contention that very often this notion of a happy childhood, like the story of Peter Pan, is a myth. It is a myth or fantasy constructed to hid and to defend against certain pains and losses.

The arrival of adolescence signals the inevitable ending of childhood and its pleasures. Normally, adolescence sets in motion processes of mourning, partially for our lost childhood. Clincally, many adolescents and adults, also, hold back these progressive processes, and hold on to the hope of child-like pleasures, often in the form of a

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fantasy of a happy childhood. A crucial task in psychoanalysis or psychoanalytic psychotherapy, then, is giving up this fantasy and mourning for a lost childhood.

Before discussing the role of mourning in adolescence and treatment, I will briefly examine the myth of a happy childhood as depicted in the story of Peter Pan. The story, Peter Pan and Wendy, (1928) was written by James M. Barrie after the successful production of his play Peter Pan. The opening words of Peter Pan and Wendy point to the them of growing up:

"All children, except one, grow up. They soon know that they will grow up, and the way Wendy knew was this. One day when she was two years old she was playing in a garden, and she plucked another flower and ran with it to her mother. I suppose she must have looked rather delightful, for Mrs. Darling put her hand to her heart, and cried, "Oh, why can't you remain like this forever!' This was all that passed between them on the subject, but henceforth, Wendy knew that she must grow up. You always know after you are two. Two is the beginning of the end." (p. 1) Clearly, growing up is coupled with separation and death, the plucked flower, "the end". The book and the original play both restate the theme in a last chapter or scene called "When Wendy Grew Up".

Thus, Barrie sets forth for us the dazzling prospect of a Neverland where we can escape that inevitable "end". Barrie's Neverland is a topographical representation of the unconscious and its timelessness. The agent of repression is the mother, Mrs. Darling, who tidies up the children's minds at night by folding up "the naughtiness and evil passions" and placing them at the bottom of the mind. (Barrie, 1911, p. 6-7) As he so beautifully puts it, the island can be found on the map of a child's mind. When the Darling children first land on Neverland, it is familiar to them, full of their own forgotton possessions.

But within the context of the story itself, we can discern the brittleness of the myth of an endless childhood and what it seeks to cover. Peter Pan is a brash and cocky fellow, the epitome of the macho phallic little boy. But Peter, without admitting it, desperately needs and wants a mother because he has been deserted by his own. He had flown away as a baby, we are told. (All children were once little birds.) Once when Peter flew home to his mother, he found the window barred and another baby boy had taken his place. Barrie first tells this sad little episode and introduces Peter Pan in "Peter Pan in Kensington Gardens" which is actually a child's story within an adult novel, The Little White Bird (1902). Themes of separation and reunion, desertion and revenge are repeated throughout the

story as Peter leaves, repeatedly returns and finally leaves the mother, as Wendy and her brothers follow Peter to fly away from their parents who are left to suffer; as the dog-nurse Nana is dispatched unfairly to the dog-house by Mr. Darling.

Thus, the story of Peter Pan clearly covers over, compensates for, and masters loss and separation. At the same time, the flight to Neverland provides for fantasied temporary solutions to many central conflicts of childhood. Meisel (1977), providing a psychoanalytic perspective, sees the myth of Peter Pan as a repair of childish narcissistic injuries. For example, disillusionment with the father, Mr. Darling, who is depicted as a somewhat childish, pompous figure, sets the story in motion; the four year old girl Maimie in "Peter Pan in Kensington Gardens" (Barrie 1930) runs away from disappointment with an admired older brother. Meisel describes Peter Pan as a "bisexual narcissistic fantasy" with Peter, who in the stage version is depicted by a female actress at Barrie's direction, as an alter-ego of the heroine Wendy.

I find the Oedipal motify in the story even more compelling. Shifting triangular relationships abound: Tinker Bell jealously competes with Wendy; the Indian Princess Tiger Lily is another admirer of Peter. While Wendy is mother to Peter, he is too dense to see that she is, or would like to be, his

wife. Literary biographers such Harry Geduld (1971) have taken up the frank Oedipal themes running throughout the Peter Pan stories and the whole of Barrie's works.

The clear key to understanding the meaning underlying the myth of Peter Pan, however, comes from a brief look at the background of the author, J. M. Barrie (Dunbar, 1970; Geduld, 1971; Mackail, 1941). James was one of many children of David and Margaret Ogilvy Barrie. His mother's favorite was an older brother named David after the father. David was described as self-confident, a tree-climber. When James was almost seven, David, then 13, was killed accidentally in an accident on the ice. His mother, who never fully recovered from this tragedy, took to her bed. James himself poignantly describes what happened when as a little boy he took courage to go to her:

"He entered the darkened room and was scared and quiet. Finally his mother said: 'Is that you?'" He writes, "I thought it was the dead boy she was speaking to, and I said in a little lonely voice, 'No it's not him, it's just me.' At that, his mother held out her arms, and he flung himself into them." (Karpe, p. 106)

Thenceforth, Barrie devoted his whole existence to trying to comfort his mother, and consciously to take his brother's place, first in literally charading in his

brother's clothes, and later in his literary efforts in which his mother took special interest. James paid idealized homage to his mother in his book about her, Margaret Oglivy, and in his literary figures such as Mrs. Darling (Barrie 1911): "She was a lovely lady, with a romantic mind and such a sweet mocking mouth. Her romantic mind was like the tiny boxes, one within the other, that come from the puzzling East, however many you discover there is always one more; and her sweek mocking mouth had one kiss on it that Wendy could never get, though there it was, perfectly conspicious in the right-hand corner" (p. 1). Later Peter Pan is also described as "very like Mrs. Darling's kiss" (p. 13). This is a beautiful description of little boy's tie to the mysterious illusive Oedipal mother. That Barrie was Oedipally tied to his mother is abundantly clear in his life-long devotion to her, his conflicted relationship to women and the figures of the Madonna versus the whore (for example, Wendy vs. Tiger Lily) that run throughout his literary works (Geduld 1971). The vanguished, disdained Oedipal father is combined in the figures of the bumbling Mr. Darling and the castrated, one-armed Captain Hook, usually played by the same actor in the play Peter Pan. Thus, Peter Pan may owe its popularity to its depiction for children of Oedipal and narcissistic fantasies.

Barrie's hopeless Oedipal and sibling struggle with his dead brother is captured and immortalized forever in the figure of Peter Pan. The Neverland in the earlier "Peter Pan in Kensington Gardens" and in Peter Pan is populated by lost boys who have slipped out of their perambulators and flown away. The lost boys are dead boys and the island, an island of the dead. The boys sleep in their womb or coffin-like underground beds, to rise to the surface at daybreak. In the original story of Peter Pan in The Little White Bird, the narrator, a lonely man, invents a fantasied baby who dies as a ruse to give baby clothes and become close to a young married woman and her infant. He then tells the story of Peter Pan to her child named David. Lest there will be no doubt, Barrie (1911) first introduces the personage of Peter in a link with the dead: Wendy casually lets drop to her mother she saw Peter Pan in the manner in which children "may remember to mention, that when they were in the wood they met their dead father..." (p. 10)

In a fascinating short piece on the orgins of Peter Pan, Karpel (1956) suggests that Peter Pan combines the figures of David and the mother who died before the writing of Peter Plan. She points out how the initials D.B. (for David Barrie) recur through J. M. Barrie's works in Better Dead and Boy David for example. Further, in Barrie's works

mothers and children are always coming back from the grave, often through a window as in Peter Pan.

Thus, Barrie reveals his guilt-ridden conflicts regarding his dead brother in the recurring theme of death and rebirth. He would kill him off and at the same time bring him to life again for his mother. And bring him to life again he did, forever, encapsulated in the literary creation of the Peter Pan who never grew up. The brother who was killed on the ice, becomes frozen in time. Thus, Peter Pan is the dead, cocky, tree-climbing brother David, and the wished for image of Barrie himself.

Peter Pan turns his back on adolescence and chose to remain forever a child. As he says in the book (Barrie, 1911), "I don't want to go to school and learn solemn things... I don't want to be a man. O Wendy's mother, if I was to wake up and feel there was a beard!" (p. 205) For a successful journey through adolescence, the individual must experience a process of mourning for childhood's pleasures, objects, and childhood itself. Mourning as Freud (1917) cogently described it in "Mourning and Melancholia", is a painful and protracted process in which the grieving individual struggles to acknowledge the reality of a loss of an object to which he or she was strongly cathected libidinally. Memories of the loved object are, bit by bit,

compared with the reality of the present loss. Freud (1905) further described the adolescent's necessary detachment from parental authority as one of the most significant but painful psychic achievements. Wolfenstein (1966) likens adolescence itself to mourning. The adolescent process is one of giving up ties to old objects and replacing them with new objects. She feels that adolescence marks the development of the capacity to mourn. Adolescence is not only characterized by mourning for infantile objects, but by a new feeling for the past: "There is a nostalgia for the lost past, a combined yearning and sense of irrevocability." (p. 114)

Root (1957) describes a case of an adolescent girl whose symptoms reflected her failure to mourn her mother's death in prepuberty. Like Wolfenstein, Root emphasizes the role of mourning for childhood and its aims and objects during adolescence. Krystal (1975) emphasizes that for successful adolescence, the adolescent must be able to bear mourning and to tolerate the affect of depression. It is my feeling that it is this newly acquired sense of loss which accounts for the "empty" quality to the depressive moods which typically flood the adolescent.

Case Illustrations

For many individuals commonly seen in clinical practice, this necessary process of mourning has been incomplete, arrested, or has never taken place. Following are brief illustrations taken from cases in which the fantasy of a happy childhood was a prominant feature forming an integral part of such symptomotology. Thus, the giving up of and mourning for the fantasy became a central part of the psychoanalytic therapeutic process.

Case No. 1

Miss B. came to see me several years ago. Twenty four years old, she appeared much younger, much like a scruffy young teenager. Her hair hung unevenly around her makeup-less face. She always wore jeans. She complained that she was discontent with her job as a child care worker. Also, she was tied up in a love relationship with her supervisor, a "nice man" older than herself. She voiced these complaints of her life not going anywhere mildly and vaguely. She felt her childhood had been happy. Only when questioned did she reveal that her mother had died when she was 13, after a protracted illness. During the mother's increasingly frequent stays in the hospital, the patient and her siblings were told that her mother was "visiting". When the mother died, the father informed them she was on a trip and they

did not attend the funeral. The patient, however, with one side of her mind knew the truth. Childhood, before this, she insists was happy, her mother, a good and loving woman. The denial of the mother's death in this familiar picture was obvious. For example, the family kept the mother's clothes and make-up untouched. From the mother's death time had stopped and the patient was suspended.

In the brief once-a-week therapy, the patient worked very hard. Because I judged the patient to be well put together, I felt that the immediate task for the therapy was to help the girl accept the loss of her mother, complete the mourning, and get on with her life. In the subsequent months, the patient suffered intensively through a period of mourning for her mother, but her courage, intelligence, and will to get better kept her going. The fantasy of a happy childhood broke down as well, although the mother still emerged as an attractive figure. She remembered much friction between the parents and saw that she had to assume a motherly role. Within a year, the patient's whole demeanor, looks and life had changed. She almost aged before my eyes from the scrawny adolescent to a poised young woman. Several years later I heard from her: she seemed delirously in love with a new young man to whom she was engaged; later I heard she graduated from law school. Thus, in this case, the fantasy of a happy childhood

was, as in Peter Pan, nestled around the problem of severe and unresolved loss in childhood.

Case No. 2

Mrs. T, a 39 year old housewife, had returned to school to get her teaching degree in elementary education. As she read in a textbook about deprived and abused children for a psychology class, she found herself with tears running down her cheeks. The tears puzzled her as her disposition was unusually cheery. She had ill-defined complaints of marital trouble for which three times she had sought marriage counseling and ended up in private counseling with the male therapist. She shamefully confessed, in her second session with me, that she had sex with two of the three. (The third had answered her apparent entreaty with the statement she was the least favorite of his clients.)

Mrs. T's appearance was striking. Her blonde curly hair was tied with a bow. She dressed herself in ruffles, puffed sleeves, and pastel colored dresses. She was perky and bubbly and outgoing. For her the word "cute" was, indeed, appropriate. With her manner of dress, her coyness and her big blue eyes she was like a three year old little girl. She, too, proclaimed a happy childhood for which she should be grateful, and compared it to the horrible histories she read about in her psychology book.

Shortly after she began intensive psychoanalytic psychotheraphy, she developed an intense eroticized narcissistic transference. I was an idealied mother, from whom she wanted care, adoration, and physical contact and toward whom she had open oral fantasies of sucking from my breast, crawling into my lap, even into my womb. A problem of object consta[illegible]ook the following form: I would not remember her [illegible]en sessions, or be transformed into a totally different Dr. Kulish from one session to the next. She, in turn, needed concrete transitional objects to bide her over, my voice on the telephone, my appointment card tucked into her bra, or my name whispered over and over.

While she still clung to the notion of her happy childhood, the following picture of her history emerged slowly. Her mother, both from the patient's concurrent interactions and her memories, appeared to be an extremely beautiful but narcissistic woman for whom no one existed but herself. All conversations were turned back to her accomplishments. Her husband and, at his orders, the children waited on her hand and foot, while she did no household chores or cooking. Three memories will suffice as examples. She served the patient, aged six, soup during her lunch hour in the first grade. Her face was cold, turned away and not a word was said. This memory is undoubtedly a screen memory for the

earlier infantile feeding experiences. Again, the patient, somewhat older, almost drowned and was carried by the life guard to the shore where her mother sat with a group of ladies playing cards. The mother, annoyed at being disturbed, did not touch or say anything to the girl. In fact, the patient remembers that the only time she touched her was when she gave her while face down enemas on the cold bathroom floor. Another memory concerns being taken to watch as her proud mother, astride a horse, rode around and round the ring at a riding lesson.

The father apparently was warmer; with his joking, he was outgoing and well liked. He found the patient "cute" and played with her in a rather frenetic manner. He seemed to be more responsible for her care. She seemed to have identified with his outoing traits. He, however, was scornful of any display of emotion whatsoever. Moreover, the only person for him seemed to be his wife. The household was silent, dark, ill-cared for, and with almost no conversation, and certainly no support between parents and children, or among the children themselves. There was almost never any company or special family festivities. The patient did poorly at school.

In contrast to this bleak picture, the patient consciously tried to make her adult life into the image of a happy, warm home with happy children. She wanted starched, ruffled curtains at the windows; she literally contrived to have the smell of cookies envelop the house; she made elaborate fusses at holidays about which she is very sentimental; that is, she was creating all the trappings of a happy childhood. In fact, in all her interests, tastes, and sentimentality, she seemed child-like. It is a tribute to this woman's denial with the strength of the depression and rage it was holding off that she was able to put on a cheery demeanor, pour energy into keeping up the trappings of a home, and still maintain her fantasy.

Finally, after years of treatment, the idealization of me began to crumble. She had tried endlessly with many maneuvers to get me, as the previous therapists, to gratify her infantile and sexual needs and to act out, but I was able, by and large, to maintain neutrality. As you might have guessed, the realization, which came after years of work, that she would not be able to "get me", that is, have her infantile needs met by me or by her mother, ushered in a prolonged depression and a period of mourning. In a session during this period, she put these feelings clearly into words: "I got a fur coat (note: a new sophistication), but I am so depressed. Now that I see you are a real person,

there is no chance of finding the secret of being happy. I see there are no secrets. My mother was unhappy herself. I realize I am going to die. Now that you are real, it means there is no utopia and there never was. There is no chance. But, funny, now I feel more like an adult." At this point the patient was not sure these new feelings spelled improvement; we would be convinced otherwise.

In these two cases, and others in which the fantasy of a happy childhood is central, the patients share some common characteristics. They are indeed child-like in outward appearance, interests, and interpersonal relationships. Below the surface, they are markedly depressed. Their fantasies are constructed both to hide deep disappointments or losses in childhood and to gratify unconscious infantile aims. As a lost object which has been ambivalently loved is idealized, so is a childhood which was far from perfect idealized in such nostalgic fantasies. Another analogy is to the work of Margaret Mahler (1975). She observed that a backward longing for closeness with mother was most pronounced in children whose earliest symbiotic relationships with her had been unsatisfactory. The fantasies in both cases, and most especially the second, were more than simple verbal denials; rather they represented unconciously organized and embedded constructions which seemed to dictate and shape the individuals' lives.

In these cases, the mourning for a lost object and for an important, related fantasy became important tasks in their treatments. The successful accomplishment of this task, in my opinion, contributed to the favorable outcomes. Several writers have stressed the importance of mourning in general in the psychoanalytic process. Karush (1968) links mourning with the concept of "working through," which he describes in terms of overcoming resistances and structural reorganization. He writes that, "In many ways successful working through repeats a universal developmental process by which energy is provided both for the renunciation of infantile aims and for their replacement by new and more socially acceptable ones." (p. 501) Karush suggests that working through depends on two processes, the rational effects of interpretation and nonrational forces animated by the analyst. Especially important in this so-called nonrational process is the patient's identification with the analyst to reconstruct a new ego ideal. Karush's description of this process of working through as a slow and reluctant one echoes Freud's (1917) description of mourning as a slow and reluctant submission to the reality principle. Karush specially discusses the focus on mourning as two areas of emphasis in "working through": First, working through as mourning for renounced gratification and second, working through as mourning for a lost object.

Wetmore (1963), in a too-often overlooked paper, points to the important role of grief in psychoanalysis. His hypothesis is that little permanent change can occur without a long period of grief for that which has been discontinued. He feels that because children cannot grieve effectively, they hold onto infantile objects, aims, and defenses, and are destined to repeat old patterns via the repetition compulsion. The neurotic patient's wish for recovery, then, contains unconscious hopes for infantile gratification from the analyst. Fantasies which protect against the experience of painful affects of neglect, rejection, disappointment, etc., are also tightly held. The giving up of such fantasies during the course of psychoanalysis is accompanied by mourning and grief. Wetmore reminds us of how painful an experience effective psychoanalysis can be because of the grief it entails--grief, often, for our most cherished fantasies we hold for and about ourselves. One such fantasy is that of an endless, happy childhood as depicted in Peter Pan.

In summary, J.M. Barrie's popular story of Peter Pan depicts the Never-neverland of an endless happy childhood. Analysis of the story and of J.M. Barrie's personal background reveals that the tale is a conflicted solution to and separation for early childhood losses and disappointments.

The fantasy of a happy childhood may come to the fore during adolescence as the individual retrospectively looks backward with hopes for the unrealized and now unrealizable gratifications of childhood. Frequently, adolescent and adult patients hold deeply with felt fantasies about a happy childhood which cover over and compensate for real or felt losses and ungratified infantile desires. Such individuals are often markedly childlike in acting out these largely unconscious fantasies, yet significantly unaware of marked depressions. Mourning for the loss of such fantasies can become a major task for our psychoanalytic work.

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